

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: _____ - _____ - _____

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: JOE LOUIS HOUSTON JR.Telephone: 843.338.2545Address: JOE HOUSTON LN.

Fax: _____

BUFTON, SC 29910

Other: _____

Email: joe.louishouston@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted☐ Application - Class C Taxi☒ Application - Class C Charter☐ Application - Class C Charter Bus☐ Application - Class C Non-Emergency☐ Application - Class C Stretcher Van☐ Application - Class E Household Goods☐ Application - Class E Hazardous Waste☐ Application☐ Request for Extension to Comply with Order☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Request for Cancellation of Certificate☐ Request for Suspension☐ Request for Reinstatement☐ Request for Name Change on Certificate☐ Request to Amend Scope of Authority☐ Request to Amend Tariff (rate increase, etc.)☐ Request to Amend Passenger Limit☐ Request☐ Exhibit☐ Late-Filed Exhibit☐ Letter☐ Proposed Order☐ Publisher's Affidavit☐ Reservation Letter☐ Response☐ Return to Petition☐ Other: _____

RECEIVED

MAY 14 2019

PSC SC
CLERK'S OFFICERECEIVED
MAY 29 2019
PSC SC
CLERK'S OFFICE

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

Date: MAY. 01. 2019

CLASS C - CHARTER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. JOE LOUIS HOUSTON JR. dba First Impression
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

12 JOE HOUSTON LN. BUFFTON, SC 29910
Street Address of Applicant

Mailing Address of Applicant (if different from street address)

843. 338. 2545

Phone

Fax

joe.louis.houston@yahoo.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and addresses of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

Assets:

Value of Real Estate	Ø
Value of Motor Vehicles	\$1,384
Cash on Hand	Ø
Cash in Bank	Ø
Value of Other Assets and Equipment	Ø
Total Assets	\$1,384

Liabilities:

Mortgage/Loan on Real Estate	Ø
Loans Owed on Motor Vehicles	Ø
Business/Other Loans Owed	Ø
Other Liabilities or Debts	Ø
Total Liabilities	Ø

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

DRIVER \$20.- HRX.

2HR. MIN. \$150.-

4HR. \$300.-

(OVER REQUESTED HOURS): \$90.-

*SECURITY DEPOSIT - \$100.-

*CLEANING FEE (NON-REFUNDABLE OF): \$50.-

48 HRS. CANCELLATION (BEFORE PRESERVATION).
(SECURITY DEPOSIT STAYS).

*FUNERAL SERVICES (FLAT RATE)
- DEPENDING ON MILEAGE.

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

<input type="checkbox"/> Abbeville	<input type="checkbox"/> Cherokee	<input type="checkbox"/> Florence	<input type="checkbox"/> Lee	<input type="checkbox"/> Saluda
<input type="checkbox"/> Aiken	<input type="checkbox"/> Chester	<input type="checkbox"/> Georgetown	<input type="checkbox"/> Lexington	<input type="checkbox"/> Spartanburg
<input type="checkbox"/> Allendale	<input type="checkbox"/> Chesterfield	<input type="checkbox"/> Greenville	<input type="checkbox"/> Marion	<input type="checkbox"/> Sumter
<input type="checkbox"/> Anderson	<input type="checkbox"/> Clarendon	<input type="checkbox"/> Greenwood	<input type="checkbox"/> Marlboro	<input type="checkbox"/> Union
<input type="checkbox"/> Bamberg	<input type="checkbox"/> Colleton	<input type="checkbox"/> Hampton	<input type="checkbox"/> McCormick	<input type="checkbox"/> Williamsburg
<input type="checkbox"/> Barnwell	<input type="checkbox"/> Darlington	<input type="checkbox"/> Horry	<input type="checkbox"/> Newberry	<input type="checkbox"/> York
<input type="checkbox"/> Beaufort	<input type="checkbox"/> Dillon	<input type="checkbox"/> Jasper	<input type="checkbox"/> Oconee	
<input type="checkbox"/> Berkeley	<input type="checkbox"/> Dorchester	<input type="checkbox"/> Kershaw	<input type="checkbox"/> Orangeburg	<input checked="" type="checkbox"/> Statewide
<input type="checkbox"/> Calhoun	<input type="checkbox"/> Edgefield	<input type="checkbox"/> Lancaster	<input type="checkbox"/> Pickens	
<input type="checkbox"/> Charleston	<input type="checkbox"/> Fairfield	<input type="checkbox"/> Laurens	<input type="checkbox"/> Richland	

DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☐ 1-7 Passengers, including driver
- ☒ 8-15 Passengers, including driver

[illegible]

INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

JOE LOUIS HOUSTON JR.

Name of Applicant

10 JOE HOUSTON LN. BUXTON, SC 29910

Address of Applicant

Amount of Premium:**Limits Quoted: (See Below)**

Liability Insurance \$ 342.-

Limits 25000/50000/25000

The above quoted premium is for a term of 10 months.

Minimum Limits - Intrastate Only:

1-7 Passengers* \$ 25,000/50,000/25,000

8-15 Passengers* \$ 25,000/100,000/25,000

* Passengers = Number of seatbelts in the vehicle, including the driver's seatbelt

GAINSCO

3333 LEE PARKWAY STE 1200, DALLAS, TX 75219

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

GAINSCO Auto Insurance®

MGA Insurance Company, Inc.
P.O. Box 199023, Dallas, Texas 75219
Phone: 800-699-1575 Fax: 800-532-3522

POLICY NO: 45MGEP0353005-00 PRODUCER NO: A90022

Name: GAINSCO AUTO INS. AGENCY, INC.

Address: 3333 LEE PARKWAY STE 1200

City, State, Zip: DALLAS, SC 75219

SOUTH CAROLINA AUTOMOBILE APPLICATION

APPLICANT: JOE HOUSTON		MAILING ADDRESS: (IF DIFFERENT FROM GARAGING ADDRESS)		PREVIOUS INS.CO. & POLICY NO.:	
GARAGING ADDRESS: 6 JOE HOUSTON LN CITY, STATE, ZIP: BLUFFTON, SC 29910		CITY, STATE, ZIP:		Prior Coverage: No Expired Date: Prior Limits: Days Lapsed: Telephone No: (Attach Proof for Credit)	
HOME PHONE: (843) 338-2545		HOME OWNER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PAYMENT OPTION	
WORK PHONE:		MOBILE: <input type="checkbox"/> YES <input type="checkbox"/> NO		Down Payment \$391.91 5 X \$ 376.82	
		Time at Residence: 5 yrs 6 months			
EFFECTIVE DATE OF COVERAGE				DOWN PAYMENT	
POLICY EFFECTIVE: 12:01 am				AMOUNT: \$391.91	
FROM: 06/03/2019				TO: 11/03/2019	

REQUIRED NOTICE: THE INSURER CAN CANCEL THIS POLICY FOR WHICH YOU ARE APPLYING WITHOUT CAUSE DURING THE FIRST 90 DAYS. AFTER THE FIRST 90 DAYS, THE INSURER CAN ONLY CANCEL THIS POLICY FOR THE REASONS STATED IN THE POLICY.

COVERAGES		LIMITS AND DEDUCTIBLES						AUTO 1	AUTO 2	AUTO 3	AUTO 4	AUTO 5	AUTO 6
BODILY INJURY LIABILITY		25000 / 50000	Each Person/Accident					\$554.00	\$464.00				
PROPERTY DAMAGE LIABILITY		25000	Each Accident					\$200.00	\$189.00				
UNINSURED MOTORIST BODILY INJURY		25000 / 50000	Each Person/Accident					\$78.00	\$66.00				
UNINSURED MOTORIST PROPERTY DAMAGE		25000 / 25000	Each Person/Accident					\$52.00	\$23.00				
UNDERINSURED MOTORIST BODILY INJURY		25000 / 50000	Each Person/Accident					\$53.00	\$45.00				
UNDERINSURED MOTORIST PROPERTY DAMAGE		25000 / 25000	Each Person/Accident					\$23.00	\$10.00				
AUTOMOBILE MEDICAL PAYMENTS		Each Person											
COMPREHENSIVE	ACV	1) 500	2)	3)	4)	5)	6)	\$114.00					
COLLISION	ACV	1) 500	2)	3)	4)	5)	6)	\$342.00					
RENTAL REIMBURSEMENT		1)	2)	3)	4)	5)	6)						
TOWING AND LABOR		1)	2)	3)	4)	5)	6)						
CUSTOM OR ADDITIONAL EQUIPMENT													

TOTAL PREMIUM PER AUTO						
AUTO 1	AUTO 2	AUTO 3	AUTO 4	AUTO 5	AUTO 6	
\$1416.00	\$797.00					
TOTAL PREMIUM ALL VEHICLES						\$2213.00
UM FEE						\$2.00
MVR FEE						\$16.00
SR-22 FILING FEE						
POLICY FEE						\$30.00
POLICY PREMIUM						\$2261.00

USE CODES: P = Pleasure Use W = To/From Work S = To/From School A = Artisan B = Business Use
If Use Code "A" or "B" is selected, then attach completed "SUPPLEMENTAL ARTISAN/BUSINESS USE APPLICATION"

	YEAR	MAKE	MODEL	USE	VIN
1	2013	LINC	ZEPHYR/MKZ	W	3LN6L2G9XDR807435
Garage Address: 6 JOE HOUSTON LN BLUFFTON, SC 29910				Lienholder: Additional Interest:	
2	1996	LINC	TOWN CAR/C	W	1LNLM81W8TY724278
Garage Address: 6 JOE HOUSTON LN BLUFFTON, SC 29910				Lienholder: Additional Interest:	
3					
Garage Address:				Lienholder: Additional Interest:	
4					
Garage Address:				Lienholder: Additional Interest:	
5					
Garage Address:				Lienholder: Additional Interest:	
6					
Garage Address:				Lienholder: Additional Interest:	

Exhibit Fit, Willing, and Able (FWA)

JOE LOUIS HOUSTON JR.

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

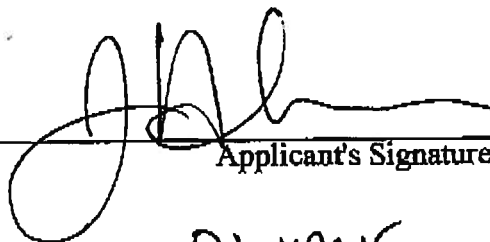
Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.


Applicant's Signature

Owner
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)

COUNTY OF Beaufort)

SWORN TO BEFORE ME

This 22nd day of May, 2019


Notary Public

Commission Expires 04/26/27



Print Application